



## APPLICATION FOR AFFILIATE MEMBERSHIP

Membership in this organization shall be limited to North American based persons, corporations, or partnerships engaged in the pre-formed flexible sheet membrane roofing industry. Membership shall not include any of the above whose primary business is installation.

**Affiliate Membership.** Affiliate membership shall be limited to persons, partnerships, corporations, and other business entities whose primary business is professional roof consulting (such as IIBEC members with RRC certification), roofing industry architects (such as AIA members), those who specify (such as CSI members with CDT certification), independent testing professionals and other entities (such as those ISO 17025-accredited by IAS), and other professional and accredited consultants in and for the flexible sheet membrane roof systems industry.

We, the undersigned, do hereby make application for membership in SPRI. We agree to abide by the Articles of Incorporation and Bylaws of SPRI, to pay all levied dues and assessments, and to offer our cooperation in the activities of SPRI to further its objectives consistent with SPRI's Bylaws, policies and requirements.

COMPANY/BUSINESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

COUNTRY \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

HOME PAGE \_\_\_\_\_

My affiliate membership falls into the following category (choose one)

- |   |  |
|---|--|
| <input type="checkbox"/> Type 12 - Professional Roof Consultant | <input type="checkbox"/> Type 15 - Product Representative        |
| <input type="checkbox"/> Type 13 - Architect/Specifier          | <input type="checkbox"/> Type 16 - Testing and Research Agencies |
| <input type="checkbox"/> Type 14 - Product Distributor          |  |

Annual membership dues:

Types 12 through 16 First year's dues is \$1,750, which is ½ of the full dues rate of \$3,500. After the first year, Member pays full amount of current dues rate.

**Required:**

**Attach an explanation and any necessary information which describes your company/business' functions and establishes how your organization qualifies for one (or more) of the above listed SPRI Affiliate Member categories.**

**If the applicant is affiliated with another company/business which would not likely qualify for SPRI Membership, please include sufficient information to establish that the applicant-organization for SPRI Membership is clearly and demonstrably a separate legal entity, and functions independently from the applicant's other related company and/or business.**

BY \_\_\_\_\_ DATE \_\_\_\_\_  
Signature Title

NAME \_\_\_\_\_  
(Please print or type)

Please provide the contact information for any additional company representatives that you would like added to the SPRI Member database on the reverse side of this application.

List additional representatives you wish to receive SPRI's meeting notices and association information:

Full Name

Title

Address

email

Full Name

Title

Address

email

Full Name

Title

Address

email

Full Name

Title

Address

email

Full Name

Title

Address

email

Full Name

Title

Address

email

**Please return this form  
with dues payment to:**

SPRI Headquarters  
465 Waverley Oaks Road, Suite 421  
Waltham MA 02452  
info@spri.org  
(781) 647-7026 Fax (781) 647-7222

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